

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036892

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9360

FILED OCT 1 1962

1. PLACE OF DEATH
2. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis Mo.**

Length of stay in 1b

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **3601 Oregon**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **3601 Oregon**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **ANTHONY** Middle **J** Last **WINKLER**

4. DATE
OF
DEATH **9-28-1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-2-1900

9. AGE (last birthday)
62

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Fuel De.

10b. KIND OF BUSINESS OR INDUSTRY
Ice & Coal

11. BIRTHPLACE (City and state or country)
St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Bernard Winkler

13b. MOTHER'S MAIDEN NAME

Elizabeth Kohne

14. NAME OF HUSBAND OR WIFE

Anna Cummines Winkler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give year or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Anna Winkler 3601 Oregon

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH
2 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinomatosis

6 months

DUE TO (c)

adenocarcinoma rectum

6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

154 X

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

4/16/62
10/55 P.M.

to **9/28/62** and last saw him alive on **9/28/62**
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Eugene Vogel, M.D.

22b. ADDRESS

3325 S Grand Bl.

22c. DATE SIGNED

9/29/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

10-1-1962

23c. NAME OF CEMETERY OR CREMATORY

S.S. Peter & Paul Cem.

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WINGBERMUEHLE 3819 So Grand Blvd

25. DATE RECD. BY LOCAL REG.

Oct. 1, 1962

26. REGISTRAR'S SIGNATURE

Eugene Vogel, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George J. Engbermann

Licensed Embalmer No.

4611

P. O. Address

3819 So Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.